

57130

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000658

PRODUCER OF WASTE (Must be filled by producer)			
Name	ALUMINUM Co. OF AMERICA		
(PRINT OR TYPE)			
Pick up Address:	5151 ALCOA AVE. VERNON, CALIF 90258	CODE NO.	
(NUMBER) (STREET) (CITY)			
Telephone Number:	213 388-6141	P.O. or Contract No.:	LA 774018
Order Placed By:	J. HERON	Date:	6-1-78
Type of Process which Produced Wastes:	ALUMINUM FABRICATOR		
(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)		CODE NO.	

DESCRIPTION OF WASTE (Must be filled by producer)				
Check type of wastes:				
<input type="checkbox"/> Acid solution	<input type="checkbox"/> Tetraethyl lead sludge	<input type="checkbox"/> Contaminated soil and sand		
<input type="checkbox"/> Alkaline solution	<input type="checkbox"/> Chemical toilet wastes	<input type="checkbox"/> Cannery waste		
<input type="checkbox"/> Pesticides	<input type="checkbox"/> Tank bottom sediment	<input type="checkbox"/> Latex waste		
<input type="checkbox"/> Paint sludge	<input type="checkbox"/> Oil	<input type="checkbox"/> Mud and water		
<input type="checkbox"/> Solvent	<input type="checkbox"/> Drilling mud	<input type="checkbox"/> Brine		
<input checked="" type="checkbox"/> Other (Specify) ALUMINUM OXIDES & WATER ALUMINUM HYDROXIDES			CODE NO.	
Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)			Concentration:	
	Upper	Lower	%	ppm
1.			<input type="text"/>	<input type="text"/>
2.			<input type="text"/>	<input type="text"/>
3.			<input type="text"/>	<input type="text"/>
4.			<input type="text"/>	<input type="text"/>
5.			<input type="text"/>	<input type="text"/>
6.			<input type="text"/>	<input type="text"/>

Hazardous Properties of Waste:

pH 7-9 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 BLS ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other TANK (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

**I certify (or declare) under penalty of perjury
that the foregoing is true and correct.**

Karl E. Boyner
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

899000658

CODE NO.

Pick Up: 6/3/78 Time: ☐ am ☐ pm
(DATE)

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: No. of Loads or Trips: 6 Unit No. 3

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Daniel S. H.
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)		OPERATING INDUSTRIES, INC. 2425 So. Garfield Ave. Montrey Park, Calif. 91754		<div><div></div><div></div><div></div></div> CODE NO.	
Name (print or type):					
Site Address:					
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.					
Quantity measured at site (if applicable):		State fee (if any):			
Handling Method(s):					
<input type="checkbox"/> recovery		<div><div></div><div></div></div> CODE NO.			
<input type="checkbox"/> treatment (specify):		(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)			
<input type="checkbox"/> disposal (specify):		<input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input type="checkbox"/> injection well			
<input type="checkbox"/> other (specify):		<div><div></div><div></div></div> CODE NO.			
If waste is held for disposal elsewhere specify final location:					
Disposal Date:		6-3-78			
I certify (or declare) under penalty of perjury that the foregoing is true and correct.					
<div><div></div><div></div></div> SIGNATURE OF AUTHORIZED AGENT AND TITLE					

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name

BILLING COPY